2016-10-21-03-00111312

FEC FORM 1

Only

STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAIL CENTER

2016 DOMES DIE OBIA 9: 19

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
True American Principles	Initiative	<u> </u>	111111111111	
PO Box 40029		<u> </u>		
ADDRESS (number and street)				
(Check if address is changed)		<u> </u>	_ 	
	Augusta		GA 30909	
COMMITTEE'S E-MAIL ADDRES	SS .			
(Check if address is changed)	sarah@norwoodpartne			
	Optional Second E-Mail Add charles@ngrwoodpartr	ress nersgroup.com:	<u> </u>	
COMMITTEE'S WEB PAGE ADD (Check if address is changed)	DRESS (URL) www.trueamericanpring	`: ciples.qom		
2. DATE 10 19	2016			
3. FEC IDENTIFICATION NU	IMBER ► C CO	0566406		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
certify that I have examined th	is Statement and to the best of	of my knowledge and belief it i	s true, correct and complete.	
Type or Print Name of Treasurer	Sarah Harper Scott			
Signature of Treasurer	arah Harper	Swit	Date 10 19 2016	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109 ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.				
Office Use		For further information co Federal Election Commissio Toll Free 800-424-9530		

Local 202-694-1100

5.

FEC F	orm 1 (Revised 02/2009) Page 2 .					
	COMMITTEE					
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)					
(p) i .	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name of Candidate	· 					
Candidate Party Affiliat	Office State Senate President District					
(c) : 1	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate						
Party Co						
(d)	(National, State (Democratic, This committee is a property or subordinate) committee of the Republican, etc.) Party.					
Political A	Action Committee (PAC):					
(e) []	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:					
	Corporation Corporation w/o Capital Stock Labor Organization					
	Membership Organization Trade Association Cooperative					
	In addition, this committee is a Lobbyist/Registrant PAC.					
(f) 🔀	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
	In addition, this committee is a Lobbyist/Registrant PAC.					
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Joint Fund	draising Representative:					
(g) (c)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.					
(h) , -	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
Corr	nmittees Participating in Joint Fundraiser					
1.						
2.	FEC ID number C					
3.	FEC ID number C					
4						

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Write or Type Committee Name	·	
True American Principles	Initiative	
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
		1777
Mailing Address		
	CITY STATE ZI	P CODE
Relationship: Connected	d Organization [[]Affiliated Committee [[]Joint Fundraising Representative [[] Leade	ership PAC Sponsor
	tify by name, address (phone number optional) and position of the person in posse	ssion of committee
books and records.		
Full Name Sarah H	arper _i Scott	<u> </u>
Mailing Address	PO Box 40029	
	Augusta GA 30909	
Title or Position	. CITY STATE ZIF	CODE
Evenutive Director		. [-]9648 .
Executive Director	Telephone number 706: - 373	
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
Full Name of Treasurer Sarah Ha	arper Scott 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Mailing Address	PO Box 40029 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Augusta	
Title or Position	CITY STATE ZIP	CODE

Executive Director/Treasurer

Telephone number

706 - 373 - 9648 |

CITY

STATE

ZIP CODE

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Full Name of



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